

109B6939

DATE	10-10-1961
NAME	
ADDRESS	
CITY	
STATE	
COUNTRY	
REMARKS	

395

[illegible]

0101 7712.
SMALE 13114

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXCESS EXTRA
	Total (37 CFR 1.100)	21	Minus	129
Independent (37 CFR 1.100)	6	Minus	6	4

FIRST PRESENTATION OF MULTIPLE DEPENDENCY

DATE	ADDITIONAL FEE
9	
44	
150	

DATE	AMOUNT
10	
28	
300	
TOTAL	



AMENDMENT B

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (17 CFR 1.1603)	22	Minus	129	0
	Independent (17 CFR 1.1605)	6	Minus	6	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					YES OR NO

RATE	ADDITIONAL FEE
<u>9</u>	
<u>44</u>	
<u>150</u>	
TOTAL	

	RATE	ADDITIONAL
PR	16	
PR	08	
OR	300	
OR	TOTAL	

AMENDMENT C

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PENDING EXTRA
Total (17 CFR 1.1604)	•	22	Minus	129	•
Independent (17 CFR 1.1604)	•	6	Minus	6	•

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

DATE	ADDITIONAL
10	PER
BB	
300	
TOTAL	

- * If the entry in column 1 is less than the entry in column 2, write "*" in column 3.
- * If the "Highest Number Previously Filled" in THIS SPACE is less than the entry in column 1, write the entry in column 1 in column 3.
- * If the "Highest Number Previously Filled" in THIS SPACE is greater than the entry in column 1, write the entry in column 1 in column 3.
- * The "Highest Number Previously Filled" is a local or independent variable.

Under this Statement, this form is submitted to take effect in the event of the death of the insured. Any conditions on the death benefit may be required to complete this form. (See the "Conditions" section of the policy.)

Best Available Copy:

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